

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## 59 MDW Physical Therapy Product Line Analysis

Information Brief  
Briefer: LtCol Julian  
Date: 24 Mar 05

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***Integrity - Service - Excellence***

# Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Product Line Review

# Revised Financing Overview

## Prospective Payment System

- **Goal 1:** Provide Care of your Prime Enrollees
  - In-house vs. “make vs. buy” to Private Sector
  - MTF responsible for all PRIME care rendered in both direct care and private sector
- **Goal 2:** Earn Revenue on Fee for Service (FFS) Basis
  - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- **Bottom-line:** We need to take care of our enrollees and meet our business plan targets; Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality

# Business Plan Overview

## Actual **59 MDW** Performance

### EY04

RVUs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	256,130	16,071	55,388	327,589	79,986	72,278	48,866	104,149	305,279
Target	286,272	25,624	44,248	356,144	94,336	110,488	95,384	74,136	374,344
Diff	(30,142)	(9,553)	11,140	(28,555)	(14,350)	(38,210)	(46,518)	30,013	(69,065)
% Met	89%	63%	125%	22%	77%	44%	109%	140%	82%

RWPs	IHC	Other DC	PC	Total PRIME	Other Enr	SA AD	SA NAD	Plus	Total FFS
Actual	2,633	225	344	3,202	1,854	290	3,262	2,877	8,283
Target	2,856	280	368	3,504	2,088	440	4,864	2,072	9,464
Difference	(223)	(55)	(24)	(302)	(234)	(150)	(1,602)	805	(1,181)
% Met	92%	80%	93%	91%	89%	66%	67%	139%	88%

 Bottom-line: **-\$9.4M**

Source: P2R2 Virtual Analyst website

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- FY05: 25% "At Risk"; FY06: 50%

# SA-MM Overview

## Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
  - Optimize efficiency between direct and purchased care markets
  - Eliminate duplicate services
  - Increase synergy and cooperation among San Antonio MTFs
  - Ensure patient satisfaction with access and quality service
  - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
  - Optimize provider mix across specialty lines
  - Move providers and add facility capacity to meet population demands
  - Conduct rigorous business planning for clinical service lines
  - Optimize Third Party Billing, Contracting and Pharmacy
  - Establish a SA-MM Consult, Appointment and Management Office

# CAMO Benefits

- Recapture Prime Leakage through more effective utilization of Market resources
- Provide “Entire Market” approach to appointment and referral processes
- Eliminates competition between MTFs and encourages cooperation
  - Encourages consolidation of clinical service lines
  - Facilitates GME (free movement of patients and staff between MTFs)
- Provides single POC for coordination between Purchased Care System and MTFs on referrals

# Physical Therapy Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review and Workload over Time
- Surgeries
- Private Sector Care/Purchased Care
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections

# Physical Therapy Clinic Description

- Physical Therapy and Physical Therapy Neuro
- Scope of Service/Types of Patients
  - Pediatric: Orthopedic and Neuromuscular conditions
  - Adult: Training Injuries
  - Geriatric: Orthopedic and Neuromuscular conditions



# Clinic Description

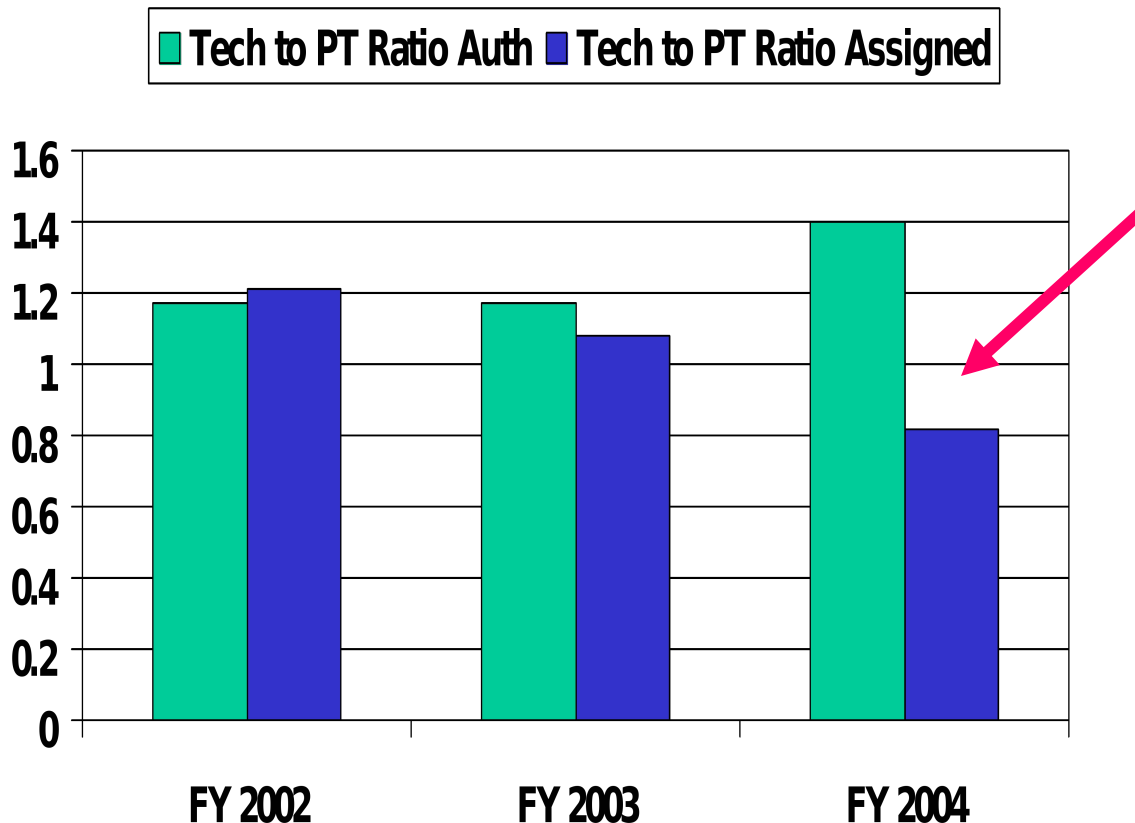
## Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	MIL	GS	Total		MIL	GS	K*	Total	Staffing
42B3 (PT)	10	0	10	42B3	10	0	0	10	100%
	AUTHORIZED			ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
4A0X1	2	0	2	4A0X1	1	0	0	1	50%
4J0X1	14	0	14	4J0X1	12	0	0	12	86%
Total Support Staff	16	0	16		13	0	0	13	81%

Flt/CC: Col Eckberg  
 OIC/PT/AETC Command Consultant) : LtCol Sitler

- 1 Deployed (Samson)

# Physical Therapy PT to Tech Ratios



## **Authorized**

FY02: 12 PT/14 Tech

FY03: 12 PT/14 Tech

FY04: 10 PT/14 Tech

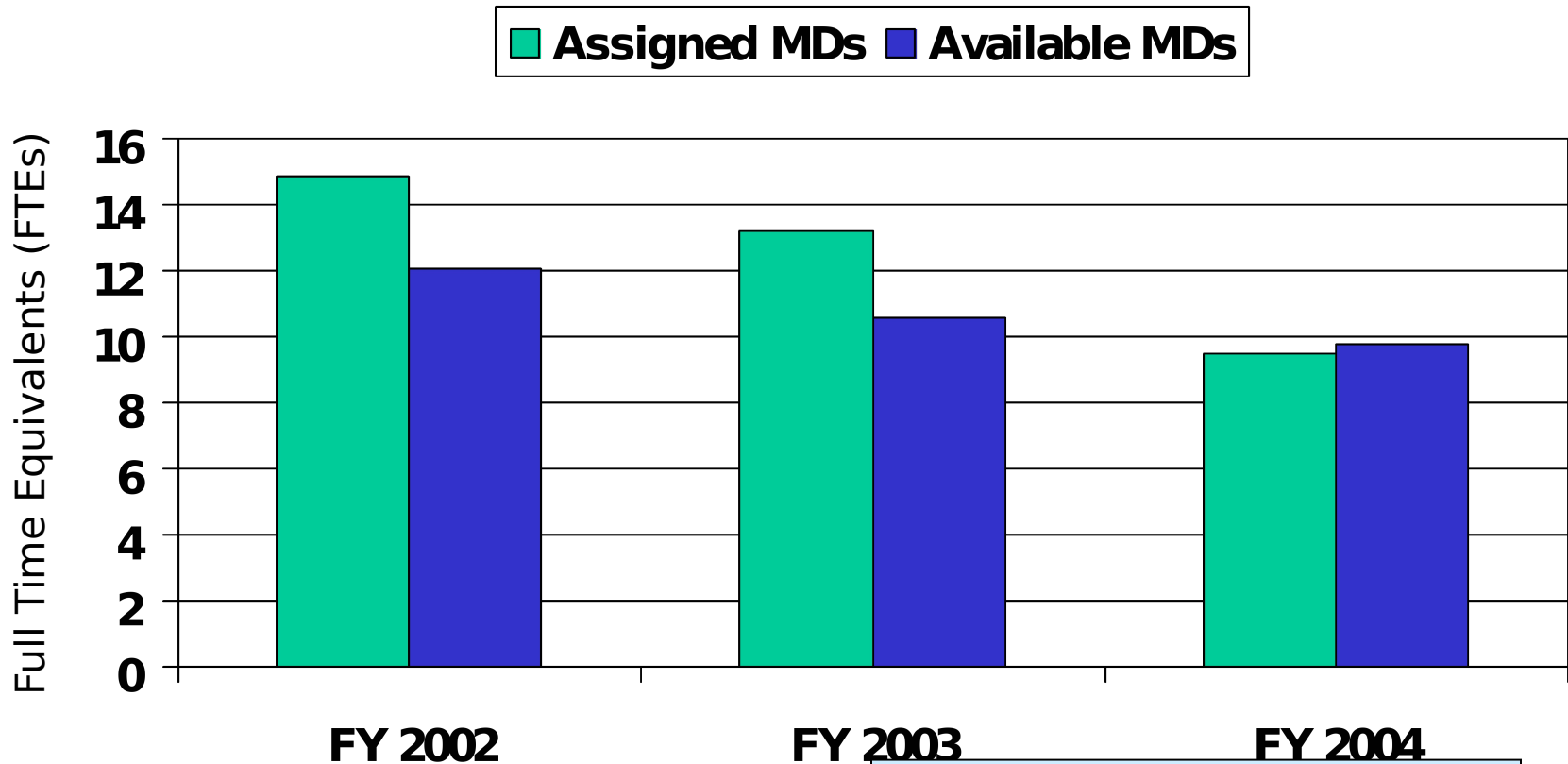
## **Assigned (Actual)**

FY02: 14 PT/17 Tech

FY03: 13 PT/14 Tech

FY04: 11 PT/9 Tech

# Physical Therapy Assigned/Available PTs (MEPRS)



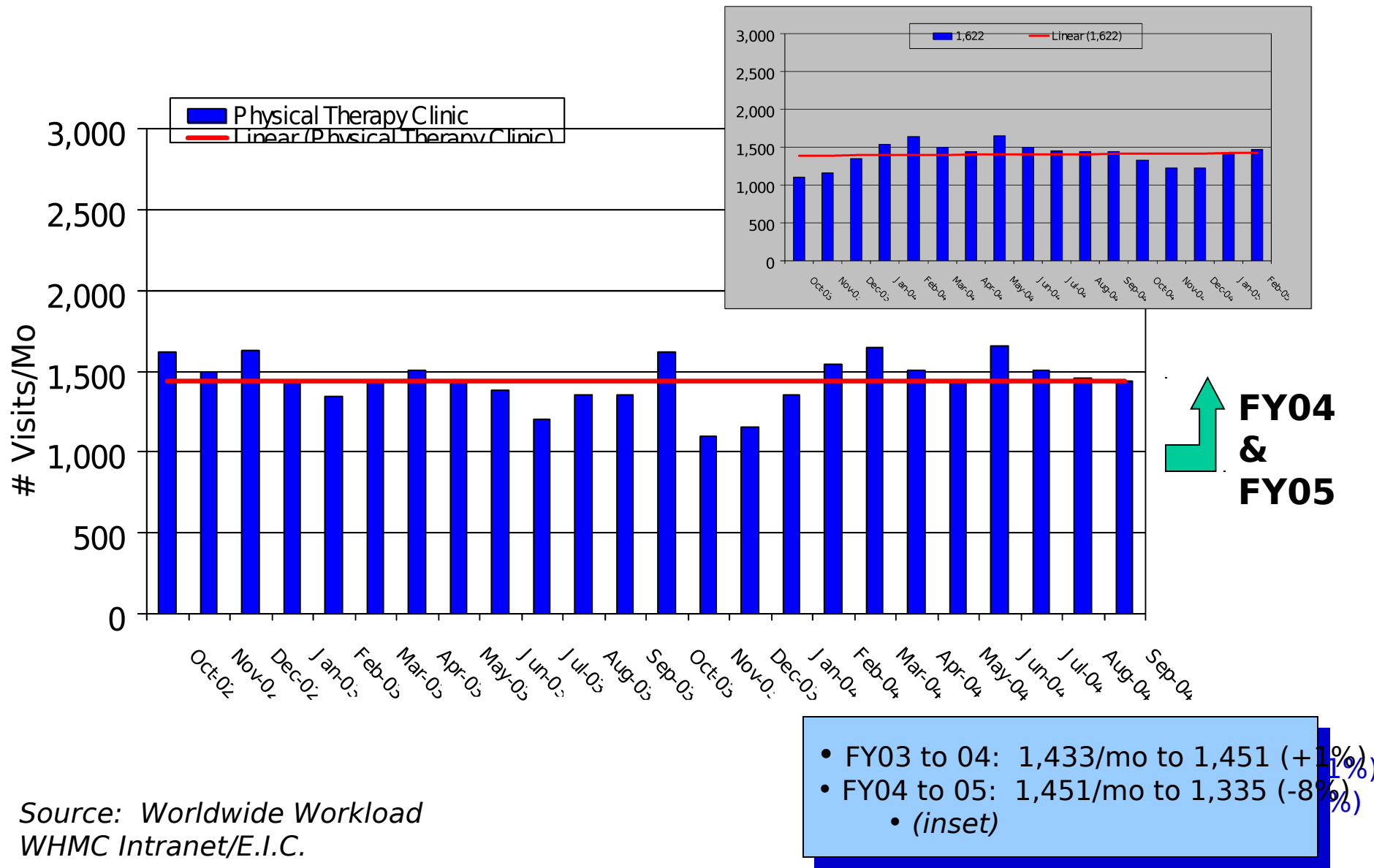
- Ensure MEPRS data is accurate
- Flt/CC and Consultant have 50% template due to additional duties

# Physical Therapy Mobility and Other Deployments

- Physician Deployments (SGX Database)
  - FY03: Pugia (70 days)
  - FY04/05: Young (120 days; Sep-Jan)
  - FY05: Samson (120 Days;
- Taskings in Turtle Model:
  - +25: 1 per cycle = 360

# Physical Therapy

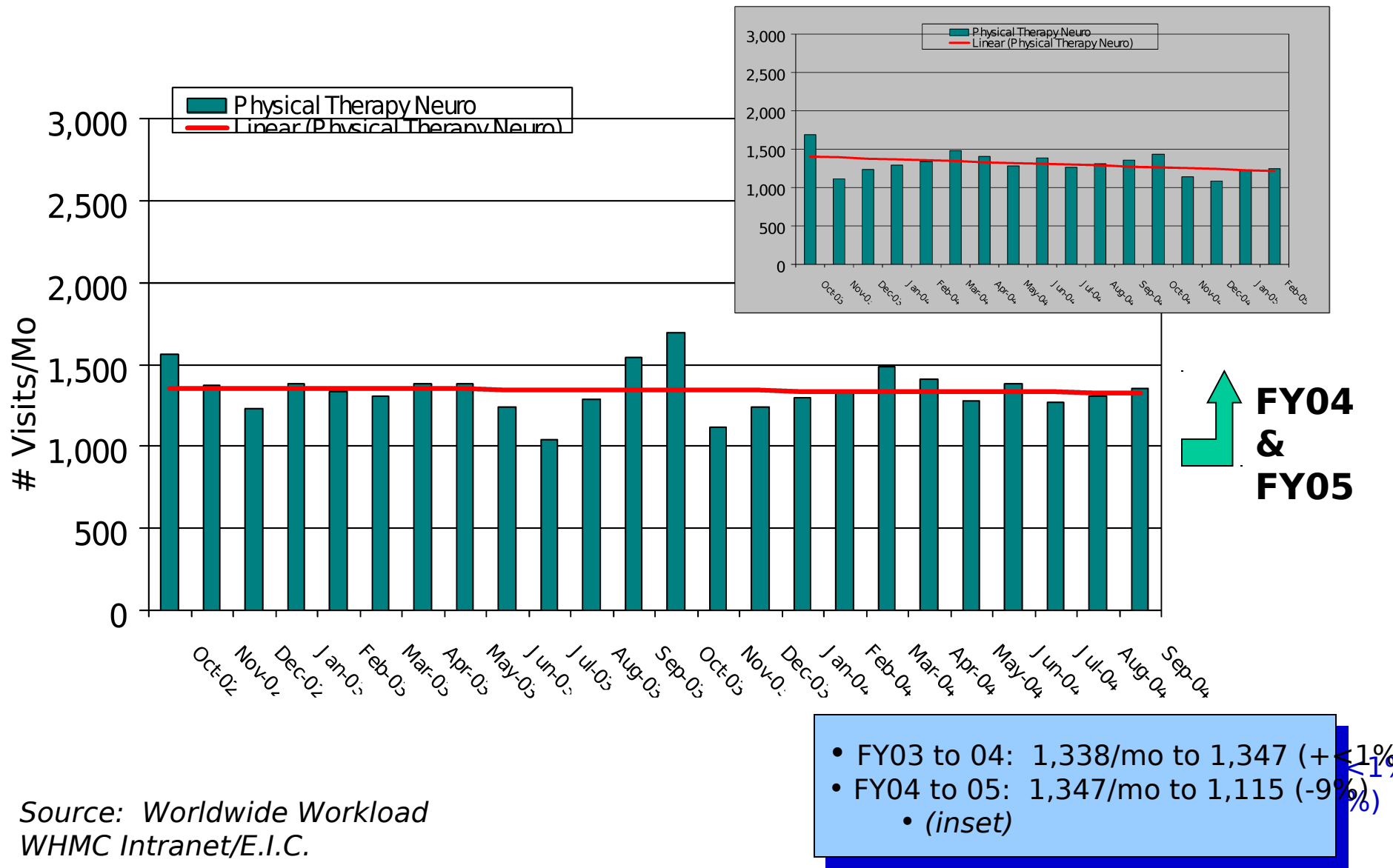
## BLAA Total OP Visits FY03-FY04



Source: Worldwide Workload  
WHMC Intranet/E.I.C.

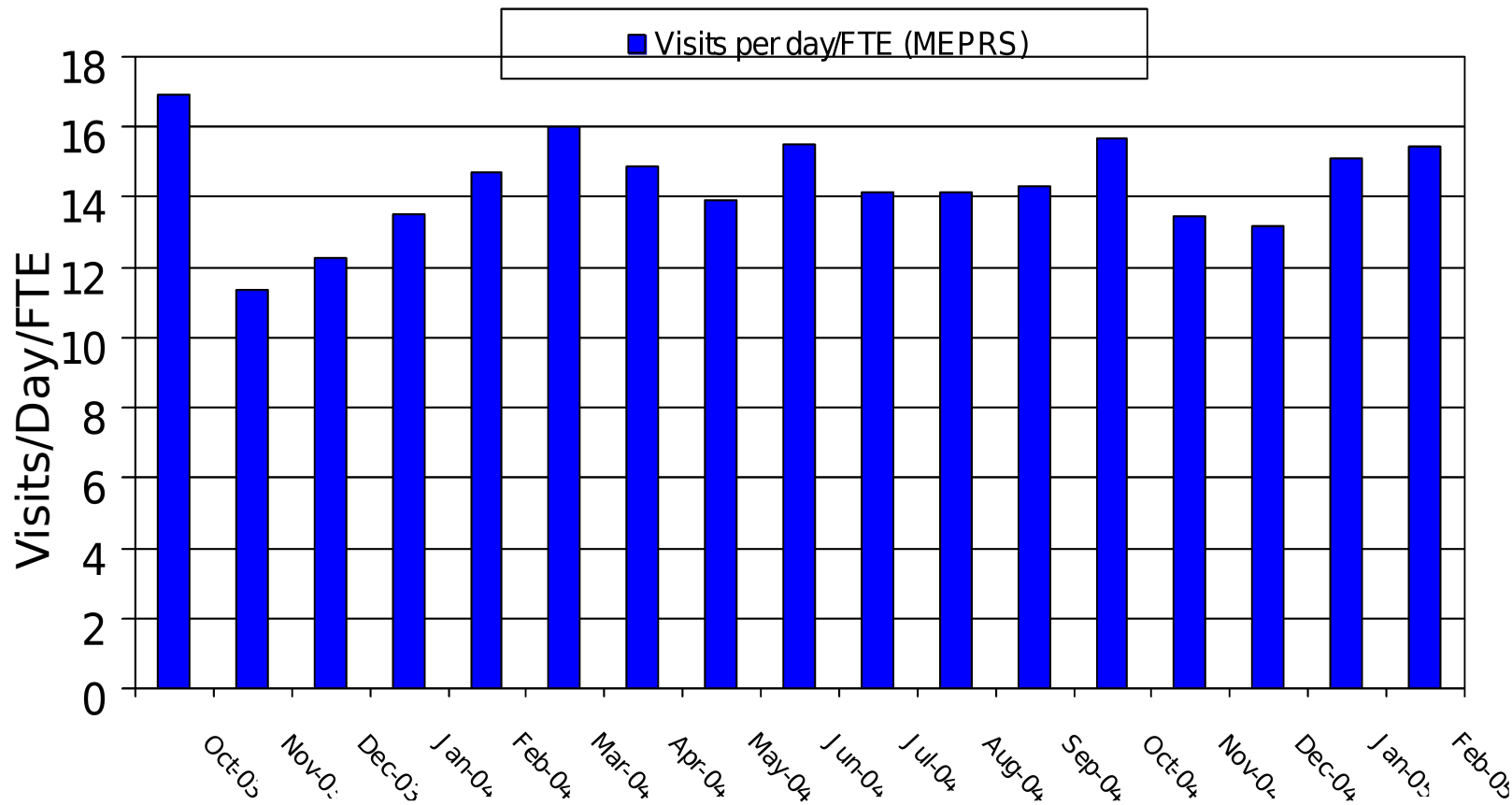
# Physical Therapy Neuro

## BLAB Total OP Visits FY03-FY04



# Physical Therapy

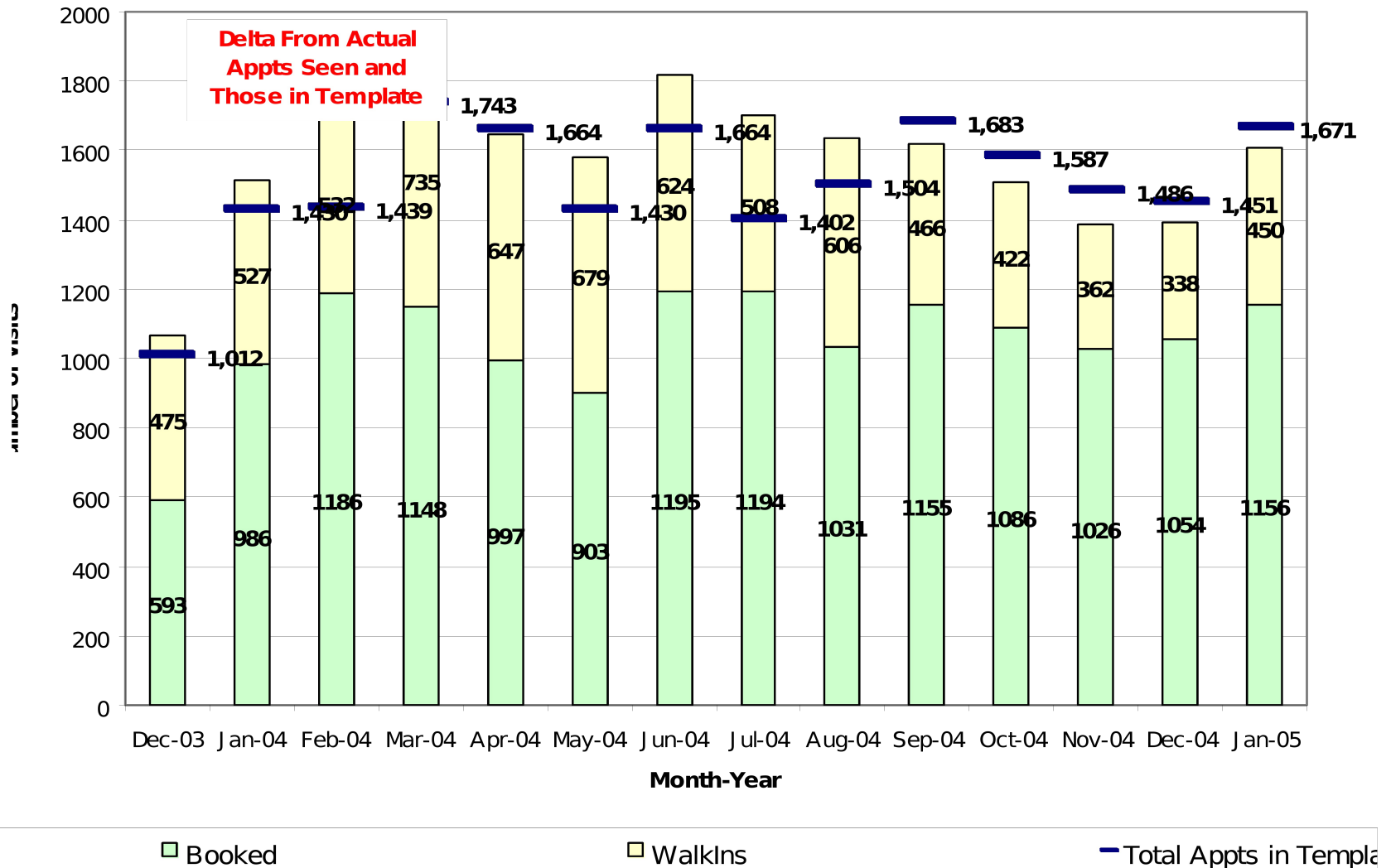
## Total OP Visits/Day/FTE



- Monthly x MEPRS Avail @ 20 days/mo
  - This is what Air Staff sees when they look at Visits divided by MEPRS available
- FY04 Avg: 9.78 Avail overall
- FY05 Avg: Estimate less 1 deployed

- Visits/MEPRS Avail:
- FY04: 14.3/day/FTE
- FY05: 14.58/day/FTE

# Physical Therapy Clinic Templates (Dec 03 – Jan 05)





# Physical Therapy

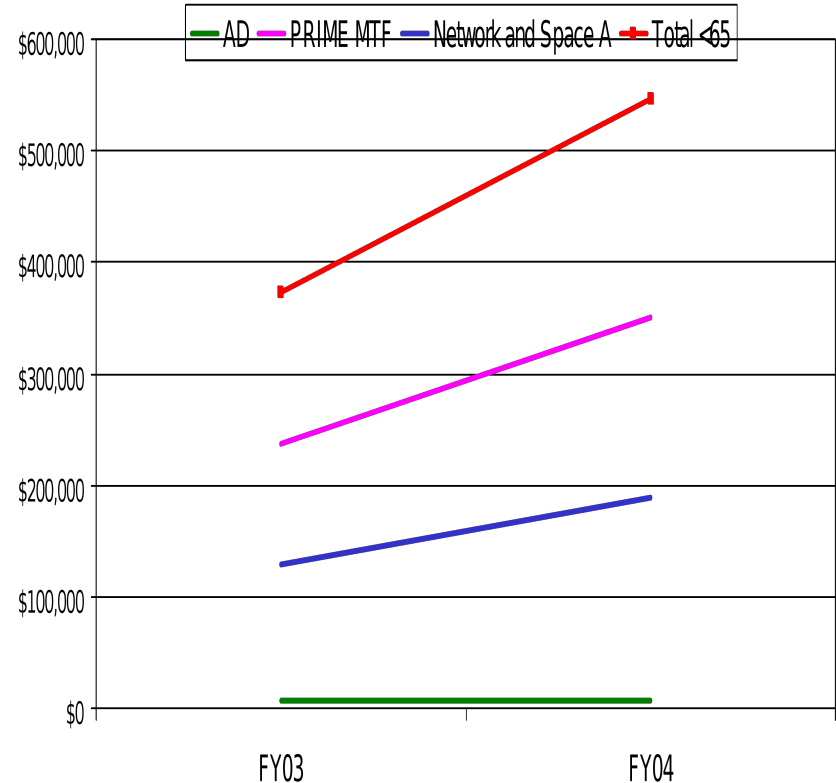
## Access to Care

- Standard for Specialty Appointments: 28 days
  - Avg Wait Time: 10.44 (as of Mar 05)

• **Meeting standard**  
for routine access to  
specialty care

# Physical Therapy Private Sector Care

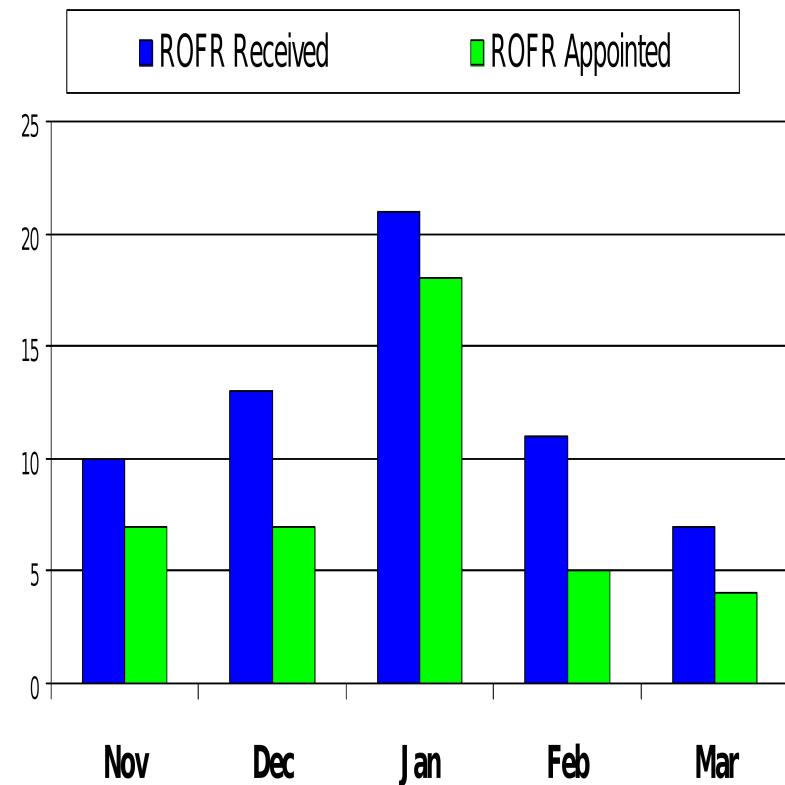
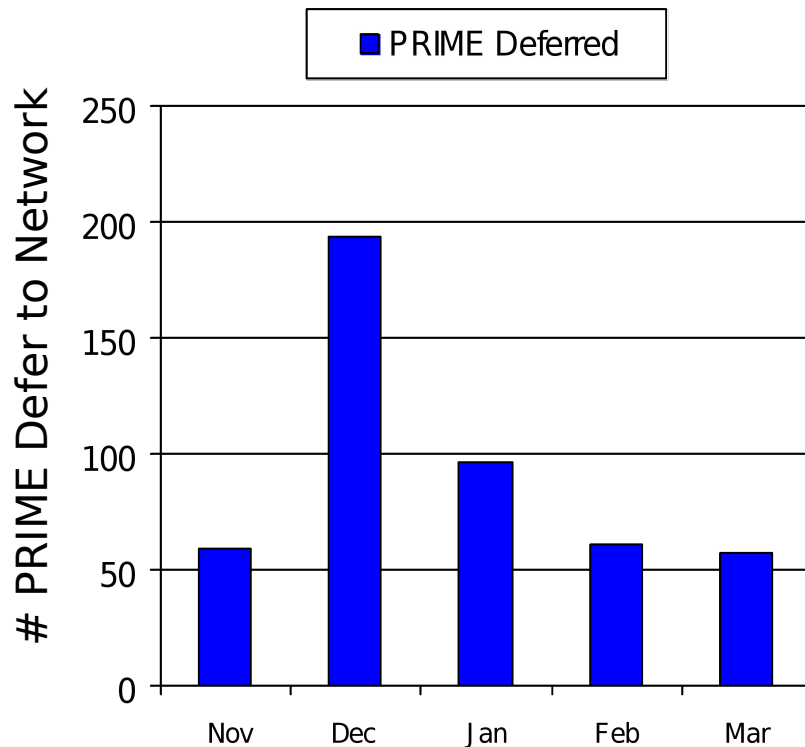
	FY03	FY04	FY05 (to date)
Active Duty	\$7,300	\$6,021	\$180
BAMC PRIME	\$71,978	\$93,473	\$20,993
WHMC PRIME	\$123,296	\$121,779	\$17,791
RAFB/BAFB PRIME	\$41,313	\$136,252	\$22,262
Network Enrolled	\$36,021	\$81,110	\$12,920
Std < 65	\$93,266	\$107,647	\$17,901
Total <65	\$373,174	\$546,282	\$92,047



**FY04 claims increased 46% overall and 49% for PRIME. PRIME claims distributed as follows: BAMC 27%; WHMC 35%; RAFB 39%**

# Physical Therapy

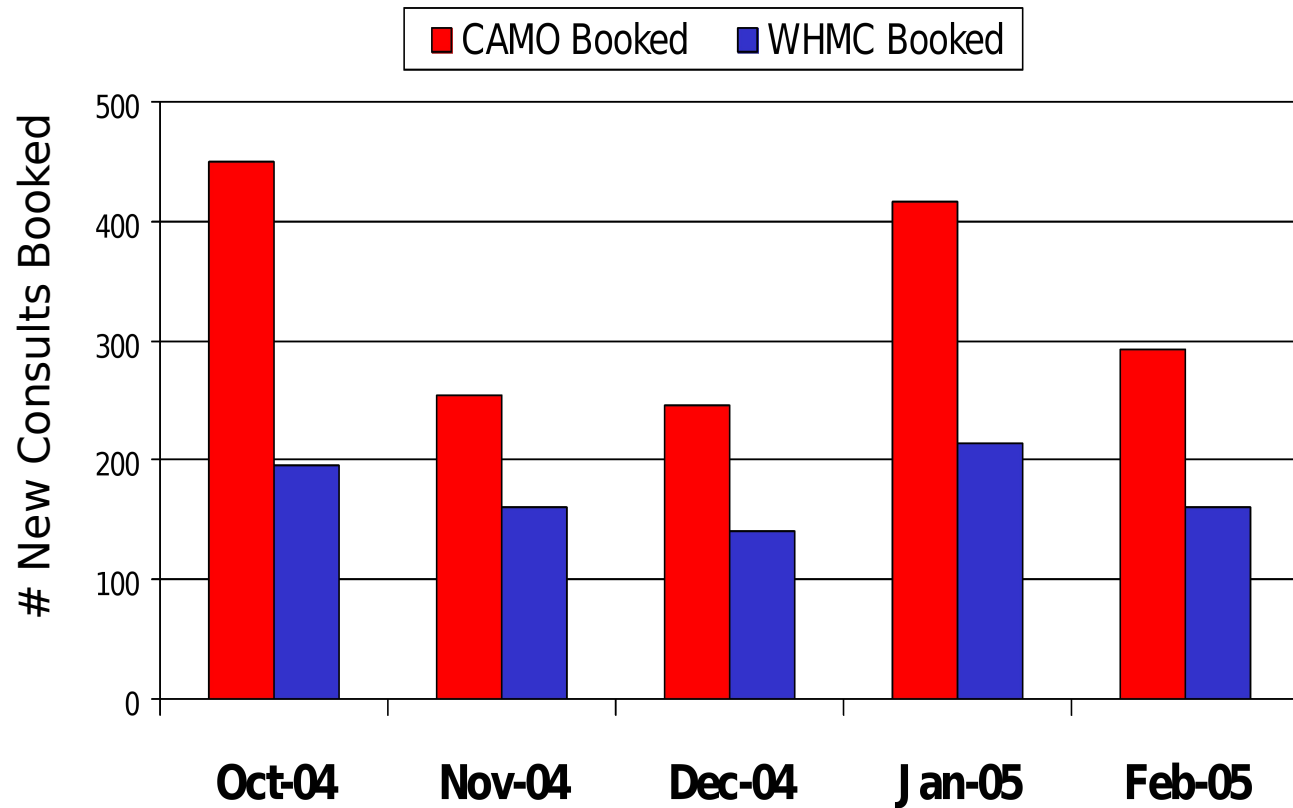
## FY05 PRIME Referrals and ROFR\*



\* *Right of First Refusal*

- 468 PRIME Deferred in Market since Nov
- 41 of 61 or 67% of ROFR consults appointed

# Physical Therapy CAMO Booking



• 66% of visits booked through CAMO

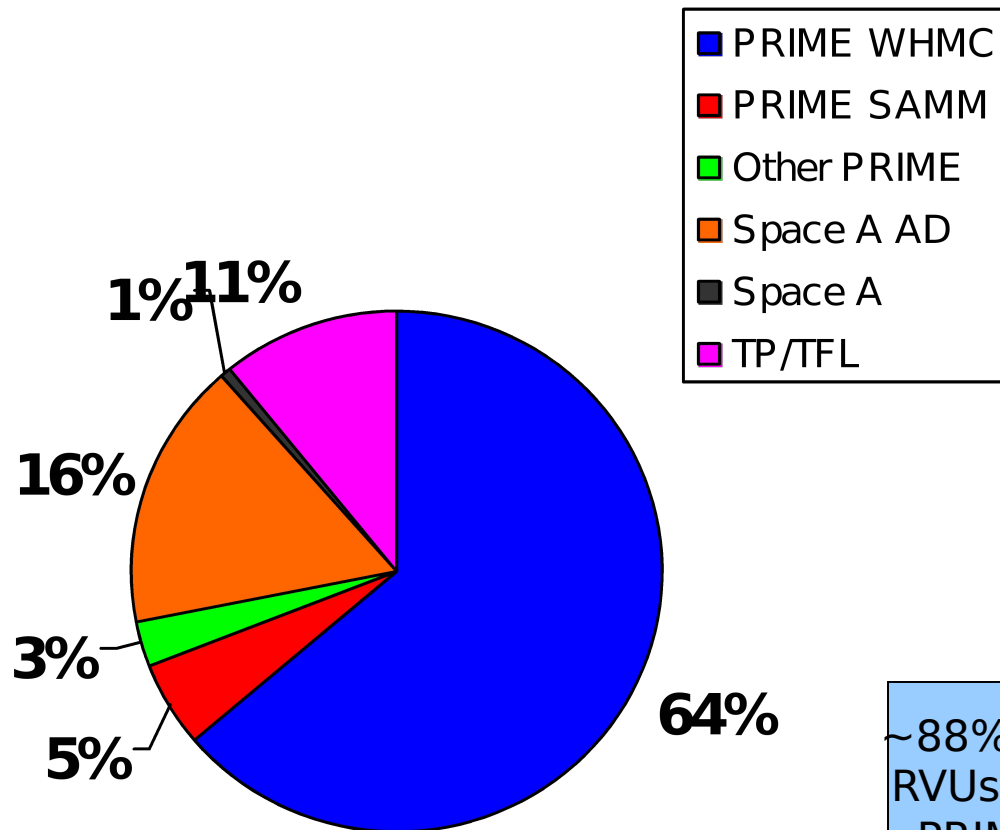
# Physical Therapy Coding Analysis

- 59 MDSS will provide slide for Step 2
- Interim response: “ ... stats have always been outstanding (95-96% completion)”

*(Maj Gibson, 24 Mar*

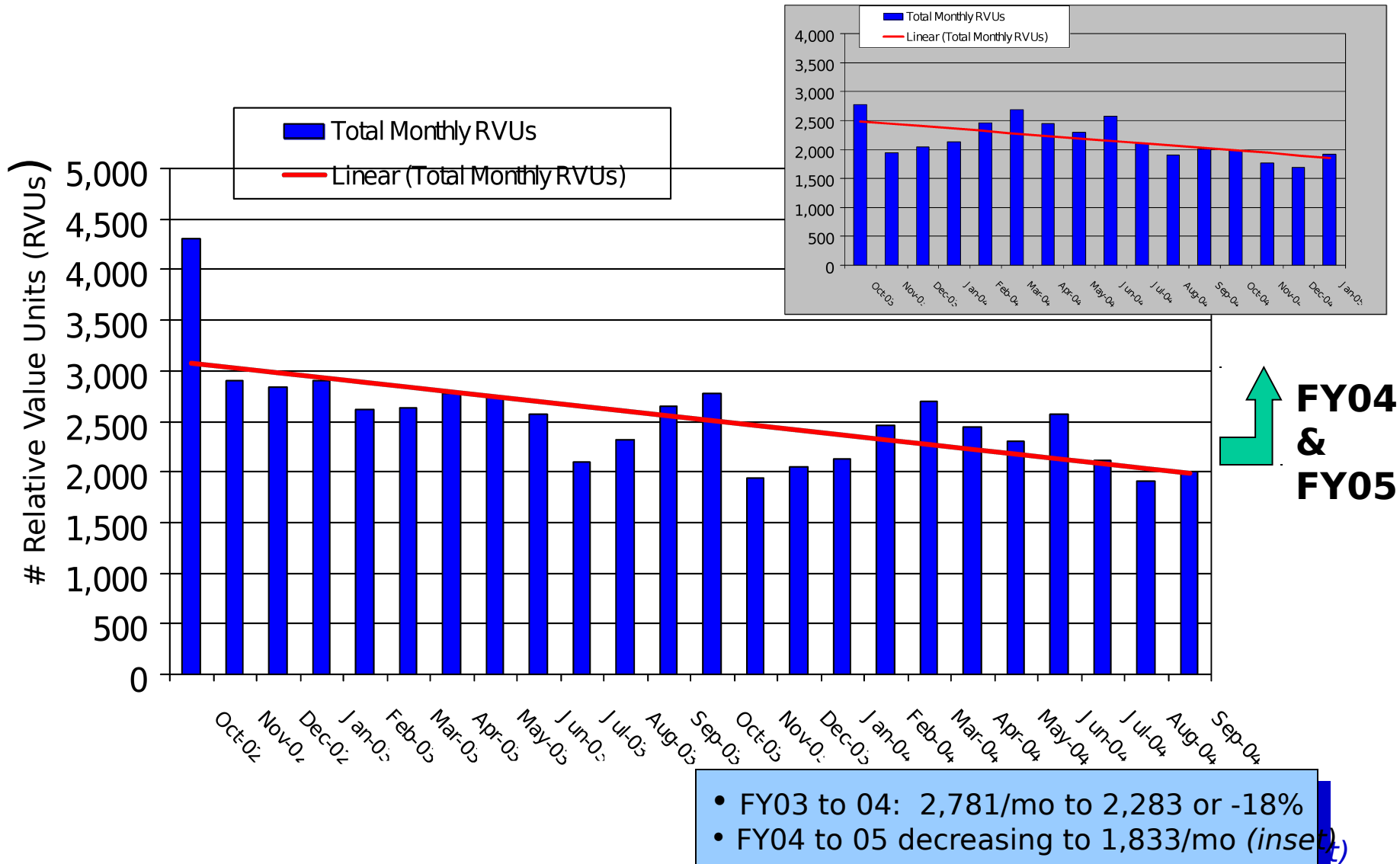
*05)*

# Physical Therapy Sources of RVUs



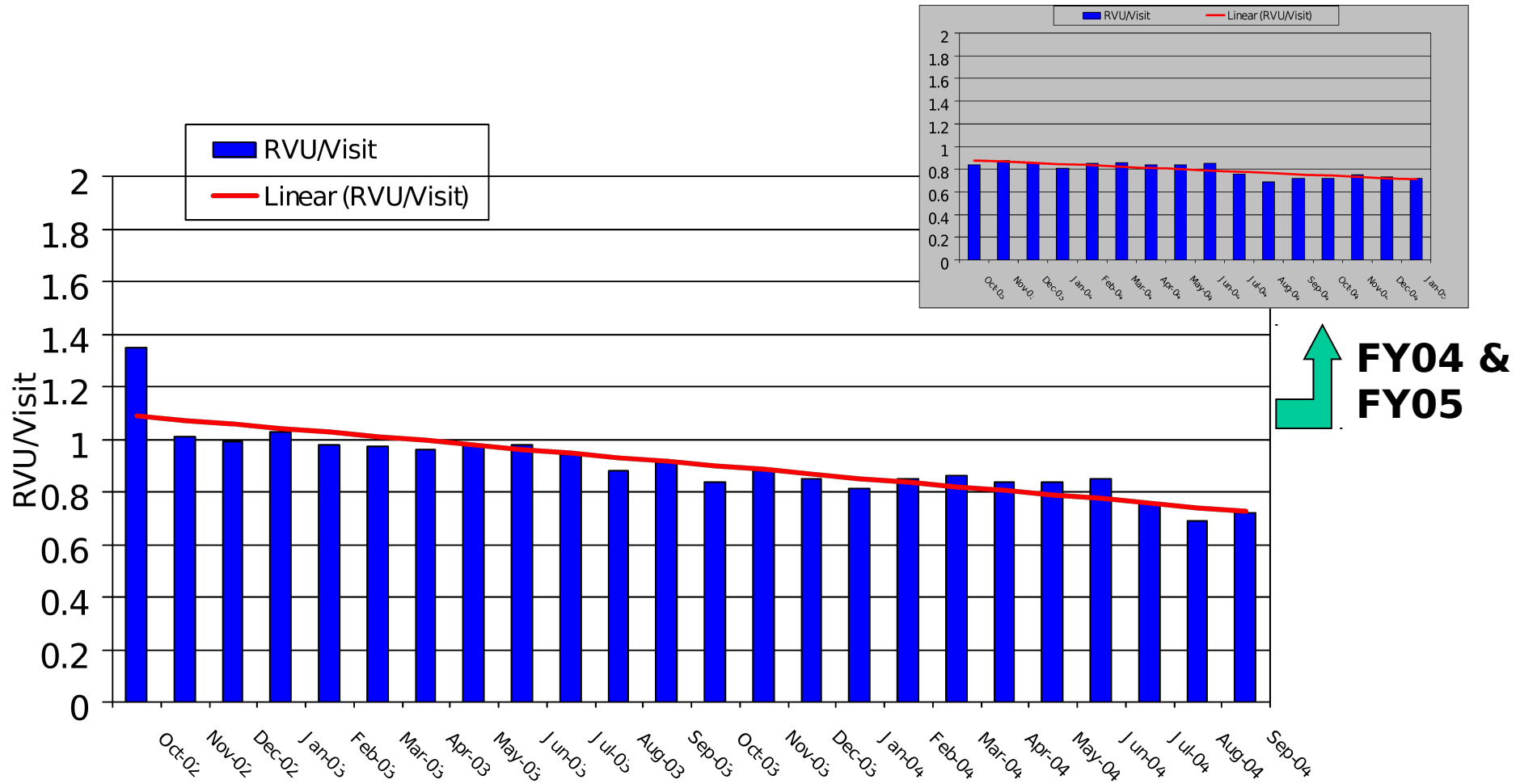
~88% of Physical Therapy  
RVUs are generated from  
PRIME and AD patients

# Physical Therapy FY03-FY04 RVUs



# Physical Therapy

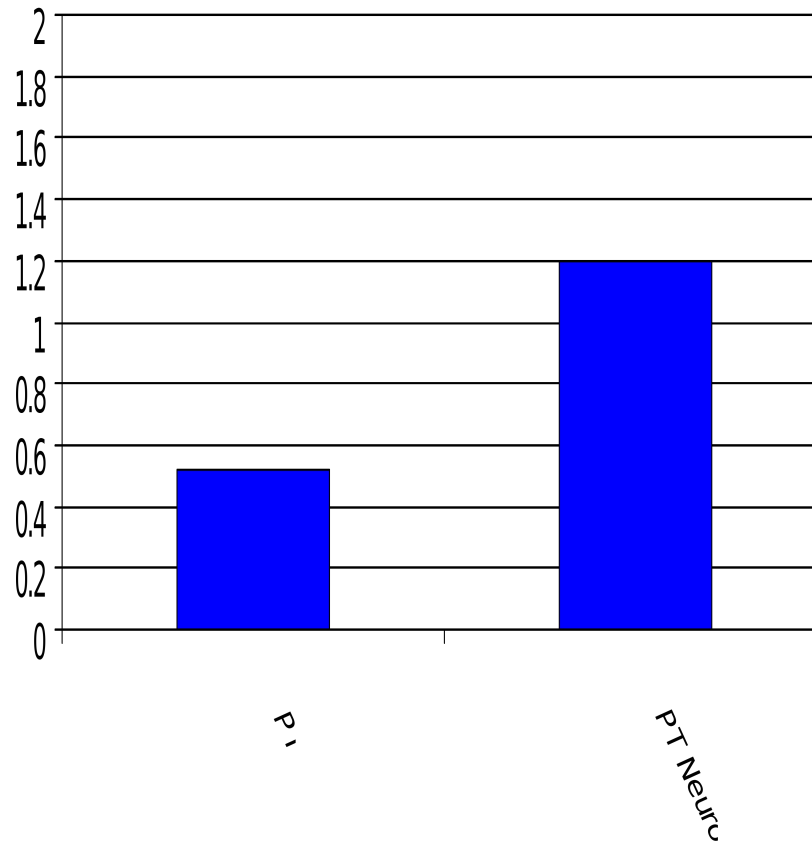
## RVUs/Visit FY03-FY04



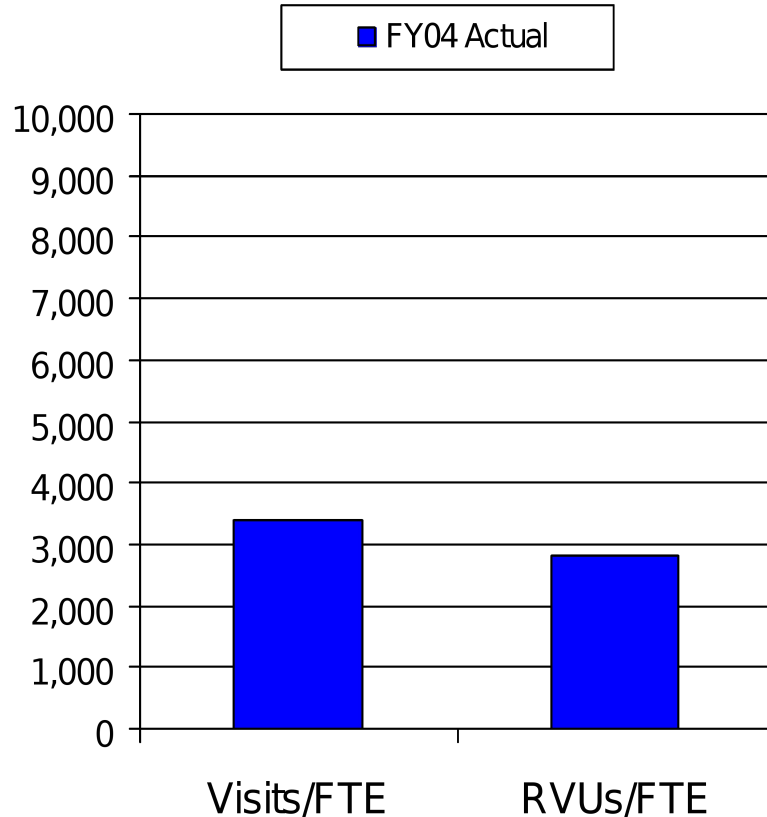
- FY03 to 04: **1.0 RVU/visit to 0.82 RVU/visit** (1)
- Decreasing throughout FY04/05 to **0.72** (inset)



# Physical Therapy RVU/Visit by Provider (FY04)



# Physical Therapy Benchmark Comparison per FTE



	Avail per Clinic
#FTEs	9.78
FY04 Visits	33,357
FY04 Visits/FTE	<b>3,411</b>
PP Benchmark (Visits/FTE)	None Avail
% Compared to Benchmark	
FY04 RVUs	27,390
RVU/Visit	0.82
RVU/FTE	<b>2,801</b>
PP Benchmark (RVUs/FTE)	None Avail
% Compared to Benchmark	

- No MGMA Benchmarks

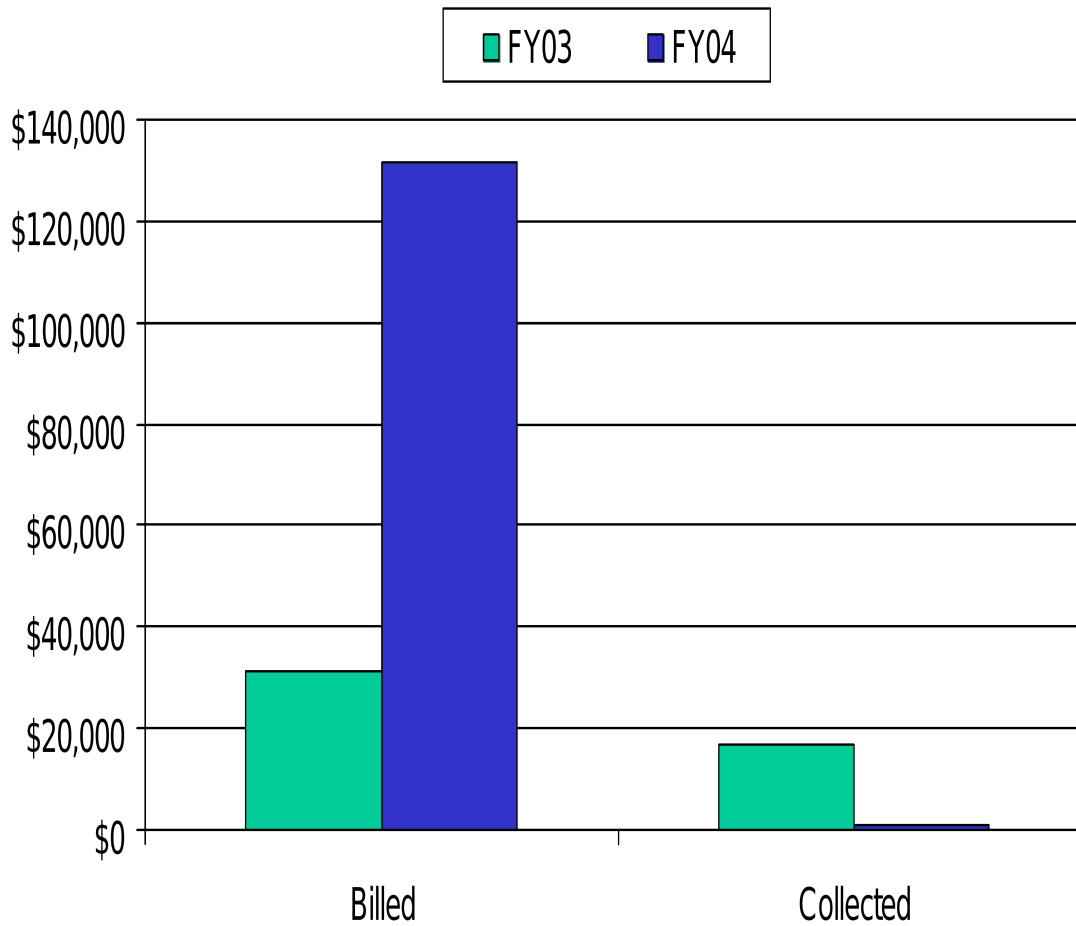
# Physical Therapy Business Plan Goals

- In FY05, your targets based on your FY03 Level of Effort (LOE)
- Goal: *At minimum*, focus on meeting/exceeding your FY04 LOE
  - Your FY04 performance compared to FY03 LOE below

	FY03	FY04	Difference	\$ Impact at \$74/RVU
WHMC PRIME	19,862	16,380	(3,483)	\$ (257,715)
Other PRIME	2,506	2,138	(368)	\$ (27,232)
Active Duty Unenrolled	5,445	4,235	(1,210)	\$ (89,544)
Space-A	2,108	1,888	(220)	\$ (16,247)
TP/TFL	3,451	2,749	(702)	\$ (51,961)
<b>Total</b>	<b>33,372</b>	<b>27,390</b>	<b>(5,982)</b>	\$ (442,699)

**Minimum FY05 Goals:**  
RVUs: ~28K total or  
2,283/mo

# PT and OT (Combined) Reimbursements FY03 vs. FY04



- Billing up 323%
- Collections down 95%
- Rate of collections on the \$  
• FY03: 0.55  
• FY04: 0.01

# Physical Therapy Next Steps

- Step 2
  - Follow-up: TBD
- Step 3
  - Projected WHMC/BAMC Brief: May 05



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# SUPPORT REQUIREMENTS

- **BUDGET:** Problem/Issue/Solution
- Facility Improvement: Reception Area
- Waiting Room package has been approved/unfunded for a very long time; place on priority list
- TDY Funds: Licensure requires CME; \$ do not stretch far enough for staff to get CME requirements
- All Staff to pay a portion, either registration or flight; of large TDYs so great courses won't be prohibited due to cost. Increase TDY budget
- SAM/CAMO personnel not trained to recognize PT booking process; codes lost
- Additional training is needed; we don't use MD codes and our codes are misused by other departments as well
- **WHY**
- Reception area cramped and furniture not suitable for good flow in waiting area; access efficiency decreased
- Prices of CME/GME Courses needed for licensure are going up. System is all or nothing. TDY voucher doesn't allow registration or flight only payment
- We are not getting full credit for what we do

# Support Requirements

- **PERSONNEL:** Problem/Issue/Solution

- Administration: 4A0
- Fill promised vacancy
- Enlisted Manning Loss decreases our ability to fully support all inpatient care, pool therapy, and outpatient hands on exercise programs (Mobex 2 wks out)
- Rally MAJCOM/AFPC (we have made them aware)
- MTFs referring Non AD/Prime to WHMC
- SAM/CAMO needs to watch availability
- We require 110% manning. AF PT benefit from GME courses WHMC PT clinicians, taken out of hide to provide

## WHY

PM requires/had two 4A0s to accomplish administration/reception/records. The loss pulls out 1-2 PMTs to pull front desk duty and cover the lunch hour/fitness time

50% Unexpected Enlisted Manning Loss:

4 Retirements	2 Separations
2 Career Broadening	2 CDC Failures

Randolph has 2 PTs/BAMC has 17PTs yet we are seeing higher long term patients

We already support BAMC Post Grad Program and internships

Responsible for these 2-3 wk courses: Adv Spine, OZO, Dourg Kearsy NMSE, PT/OT Symposium



# SUPPORT REQUIREMENTS

- **PERSONNEL** CONT Problem/Issue/Solution
- Inpatient requires 1-2 PT/Day/Weekends and we don't see the recapture validation
- RMO develop better method for timely snapshot/recapture
- I have no visual to leakage downtown but know most is Pediatrics/long term rehab which leaks in all MTFs
- Contract civilian PT/OT/Speech
- Not trend in improper MD referral routing; thinking they have sent a consult in the system but have done it wrong and we do not get consult. Retrain MDs in referrals and reviewing their referral histories
- No show rate. Ensure MD ask patient if he agrees with referral plan and tell them the appt is mandatory; We call CC if AD
- **WHY**
- MAE is not giving us credit
- City of San Antonio trauma is not on our acuity coding ... can spend 1- 1 ½ hr per patient
- Big dollar leakage; political; supports family; right thing to do
- Disgruntled MDs think we are ignoring their requests when, indeed it never reached the flight.
- When called, patients tell us they are unaware of appt. If we call a N/S and re-schedule, it places a pt who is still waiting further out in the calendar. We aren't staffed to call all pts day before. LtC S changes unfilled specs to Est at 0500 daily

# AREAS OF CONCERN

- **Problems/Concerns**

- Greater than 50% Turnover of Staff. New Staff are very junior and need mentorship in mgt skills and are slower in patient evaluation capability
- Impact of Business Plan/GME: Loss of patient slots as we had 14 PT do what 10 are doing now; decrease GME time
- 50% New Staff also not RSVP trained

- **Why Problematic/Recommendation**

- Middle managers need time to teach new officer/enlisted staff; decrease pt load
- “Green” staff have to be brought up to speed so their productivity will be lower
- GME/Internships/Courses still responsibility of middle managers
- Recc: Admin support; dec additional duties.; may have to decrease support to BAMC post grad/internship program
- Stoplights: shut down aquatic program; only one 4A0 at front desk; dec ward service; 4 J out of hide
- If not RSVP trained, unable to deploy
- Schedule will reflect increase time for training

## TEMPLATE REVIEW

- Lt Skabelund (wards) 12 pts unless on wards
  - Lt Kovacs (BMT/Wards) 12pts unless BMT/Wards
  - Lt Leake (junior staff) 12-14 pts
  - Lt Pulliam (junior staff) 12-13pts
  - Capt Childs (researcher) 12pts
  - Capt Browder (internships) 12pts
  - Capt Young (internships/GME courses/symposium) Deployed
  - Capt Samson (wards, BMT) Deployed
  - Maj Houlding (Asst OIC/PI) 12pts
  - Lt Col Sitler (OIC, PT/AETC Command Consultant) 6-8 pts Retiring
  - Col Eckburg (SG Consultant/Wing Sr. BSC/Flt CC) 6-8 pts PCS
- 
- No Templates (walk-in pts) for: Wards/Para-jumpers/BMT/Pediatrics/Aquatics
  - We see 2500-3000 pts/mo at approx average of 280/therapists (regardless of addtl duties)
  - This is in line with civilian large hosp with 2x the therapists and no addtl duties

## CIVILIAN CHARGE EXAMPLE

- PRIVATE PRACTICE
- SHOULDER/BACK INJURY:
- FACILITY CHARGE
- 45 MIN INITIAL EVALUATION: \$106
- MOIST HEAT: \$15
- ULTRASOUND: \$29
- THERAPEUTIC EX: \$35X2 UNITS=\$70
- RE-EVALUATION AT 2 WK POINT: \$70
- TOTAL FOR EACH TREATMENT: \$114
- TOTAL @ 3X4=12 VISITS FOR ALL TREATMENTS: \$1544
- Av OT EVAL \$123-164
- ADLS \$44/15 MIN
- THER EX \$41/15 MIN
- SPLINT MATERIALS: S \$35, M \$63 L \$95
- TWCC Guidelines
- SHOULDER/BACK INJURY:
- FACILITY CHARGE
- 45 MIN INITIAL EVALUATION: \$106
- MOIST HEAT: \$11
- ULTRASOUND: \$22
- THERAPEUTIC EX: \$35X2 UNITS=\$70
- RE-EVALUATION AT 2 WK POINT: \$48
- TOTAL FOR EACH TREATMENT: \$103
- TOTAL @ 3X4=12 VISITS FOR ALL TREATMENTS: \$1390
- \* We are one of the largest and cheapest referrals \$90-100/patient total.
- \* Average Prime 3-5 treatments